



Drinking Water Analytical Request

Trace ID:
Logged by:
Checked by:

- NOTE:**
- Samples must be received on ice and within 24 hours of collection.
 - Bacteria samples are not accepted on Friday after 12pm.
 - Turnaround time is 7-10 business days after samples are received at the lab. Results may be expedited for an additional charge, but must be approved in advance by the laboratory.*

Sample Location:

Submitting Information (if different from the property owner):

System Owner / Company Name:
Contact Name:
Address of Sample Location:
City/State/Zip:
Email:
Phone Number:
Reason for Sampling (REQUIRED):
Well Permit Number (if applicable):
Sampler's Name:

Contact Name (if different):
Company Name (if different):
Company Address(if different):
City/State/Zip (if different):
Email:
Phone Number:

*Rush request - need by (fill in date): _____

Check for results to be emailed to selected local Health Department: Yes No County: _____

#	Date Collected	Time Collected	Sample Point Description and Well/Pool ID	WSSN (for Public Water Supplies)	Site Code (if applicable)	Total Coliform / E. Coli (Presence-Absence, SM 9223B)	Nitrate / Nitrite	Partial Chemistry (NO ₂ , NO ₃ , Cl, SO ₄ , F, Fe, Na, Hardness)	Total Lead	Total Lead and Copper	Total Arsenic	Complete Metals - As, Ba, Be, Cd, Cr, Cu, Fe, Hg, Mn, Ni, Pb, Sb, Se, Ti, Zn	Volatile Organic Compounds	PFAS	Free Cyanide	Tannins and Lignins	Colliert-18 QT - Total Coliform / E. Coli (Colony Count)	POOLS and SPAS - Total Coliform (Presence-Absence, SM 9223B)	Trace Sample Collection	Other:	Other:	Other:

RELEASED BY	RECEIVED BY	DATE	TIME	RELEASED BY	RECEIVED BY	DATE	TIME

Sample Receipt:	Received on ice:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Payment <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Number _____ Amount Paid \$: _____	Notes: _____ _____ _____
	Proper containers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Received within hold time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Air bubbles absent from VOAs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Proper chemical preservatives:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Samples preserved at Trace:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Receipt Temperature (°C):	_____					